

## LOCATION MONITORING PROGRAM PARTICIPANT AGREEMENT

---

1. I, \_\_\_\_\_, have been placed in the Location Monitoring Program, I agree to comply with all program rules set forth in this agreement and the instructions of my probation or pretrial services officer. Failure to comply with this agreement or the instructions of my officer will be considered a violation of my supervision and may result in an adverse action. I agree to call my officer immediately if I have any questions about these rules or if I experience any problems with the monitoring equipment.
2. I will remain at my approved residence every day from \_\_\_\_\_ to \_\_\_\_\_. **(Curfew)**
3. I will remain at my approved residence at all times, except for activities approved in advance by my probation or pretrial services officer. Regularly occurring activities will be provided for in a written weekly schedule which will remain in effect until modified by my officer. I must obtain my officer's advance permission for any absences away from home that are not included in my written schedule. **(Home Detention and Home Incarceration)**
4. I agree to maintain telephone and electrical service in my residence at my own expense. I agree that I will not make any changes in the telephone equipment or services at my residence without prior approval of my officer.
5. I will not deviate from my approved schedule except in an emergency. I first will try to get the permission of my officer. If this is not possible, I will call my officer as soon as I am able to do so. If I call during non-business hours, I will leave a message, including my name, the date, the time, a brief description of the emergency, and my location or destination. I agree to provide proof of the emergency as requested by my officer.
6. I understand that I will be held responsible for damage, other than normal wear, to the assigned equipment. I also understand that if I do return the equipment, or do not return it in good condition, I may be charged for replacement or the repair of the equipment, and I agree to pay these costs.
7. On the telephone line to which the monitoring equipment is connected, I agree not to have party lines, answering machines, voice mail, cordless telephones, call forwarding, caller ID, call waiting, call block, or other devices or services that may interfere with the functioning of the electronic monitoring equipment.
8. I agree that I will relinquish my telephone line when the monitoring unit is making its call, and I will hang up the telephone when the monitoring unit initiates its call. I will not answer the telephone on the first ring, and I will not use the telephone for the first 10 minutes after arriving home.
9. I agree not to move, disconnect, or tamper with the monitoring unit or place any objects on top of it. I agree to allow a monitoring device to be connected to the telephone and the telephone outlet at my residence.
10. I agree not to remove or tamper with the transmitter device except in a life-threatening emergency or with the prior permission of my officer. While in the Location Monitoring Program, I agree to wear a non-removable transmitter that my officer will attach either to my wrist or ankle.
11. I agree to notify my officer immediately, or as directed, if I lose electrical power or telephone service at my residence for more than 24 continuous hours.
12. I understand and agree that all telephone calls from the monitoring center to my residence will be recorded by the monitoring center. I will follow all directives from the monitoring personnel when they call.

13. I understand that I may be ordered to pay all or part of the daily cost of \$ \_\_\_\_\_ per day on a schedule set forth in a separate payment agreement. I will submit payments directly to the monitoring services provider.
14. Local Rules (as needed)
1. During non-business hours I will call the Location Monitoring Voicemail, 801.535.2701, extension 7, to report emergencies or unexpected schedule changes due to employment or drug/alcohol testing. All other schedule changes must be approved in advance by my pretrial services/probation officer. I agree to provide 24 hour notice in requesting a change to my approved schedule. I understand that my requested change may not be granted if I do not provide 24 hour notice. In the event of a natural or man-made disaster that causes evacuation from my place of residence, I will call the Location Monitoring Voicemail, (if possible) and provide a description of the disaster, my current location, and a telephone number where I can be contacted.
  2. If I am being monitored via global positioning satellite (GPS) tracking I will be restricted to, or prohibited from, a geographical area(s) determined by the U.S. Probation and Pretrial Services Office, based upon identified risk. I understand that travel outside the designated area requires permission from my pretrial services/ probation officer. I have been notified of the designated area(s). Further, I understand that I must charge the GPS tracking device a total of two (2) hours each day.
  3. If I am being monitored via remote alcohol testing, I understand that I am prohibited from consuming *any* product that contains alcohol.
  4. I acknowledge I have been issued the following equipment (serial numbers):  
G.P.S. Tracking Device/Radio Frequency Transmitter: \_\_\_\_\_  
Radio Frequency Receiver/Beacon: \_\_\_\_\_  
Remote Alcohol Detection Device: \_\_\_\_\_  
Other Equipment: \_\_\_\_\_  
I Further acknowledge I will return the issued equipment at the conclusion of the designated time frame of my participation in the Location Monitoring Program.

I acknowledge that I have received a copy of these rules and that they have been explained to me. I understand that I must comply with these rules until \_\_\_\_\_ or until otherwise notified by my probation/pretrial services officer. I further understand that any violations of these rules will constitute a violation of supervision and may Cause immediate adverse action.

\_\_\_\_\_  
(PARTICIPANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(OFFICER)

\_\_\_\_\_  
(DATE)